

SERFF Tracking Number:	NYPX-125846408	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	40473
Company Tracking Number:	08100-2.1, ET AL.		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	CEUL-CEVUL Flat Extra & Unisex DP Filing		
Project Name/Number:	CEUL-CEVUL Flat Extra & Unisex DP Filing/08100-2.1, et al.		

## Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: CEUL-CEVUL Flat Extra & Unisex DP Filing

TOI: L09I Individual Life - Flexible Premium Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Status: Closed

Co Tr Num: 08100-2.1, ET AL.

Co Status:

Author: SPI

NYLProductCompliance

Date Submitted: 10/06/2008

State Tr Num: 40473

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/15/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: CEUL-CEVUL Flat Extra & Unisex DP Filing

Project Number: 08100-2.1, et al.

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/15/2008

State Status Changed: 10/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see attached Cover Letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>NYPX-125846408</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance and Annuity Corporation</i>	<i>State Tracking Number:</i>	<i>40473</i>
<i>Company Tracking Number:</i>	<i>08100-2.1, ET AL.</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>CEUL-CEVUL Flat Extra &amp; Unisex DP Filing</i>		
<i>Project Name/Number:</i>	<i>CEUL-CEVUL Flat Extra &amp; Unisex DP Filing/08100-2.1, et al.</i>		

## Company and Contact

### Filing Contact Information

Sean Hebron, SENIOR CONTRACT ASSISTANT	Sean_Hebron@nyl.com
51 Madison Avenue	(212) 576-4809 [Phone]
New York, NY 10010	(212) 447-4141[FAX]

### Filing Company Information

New York Life Insurance and Annuity Corporation	CoCode: 91596	State of Domicile: Delaware
51 Madison Avenue	Group Code: 826	Company Type: Life
Room 604		
New York, NY 10010	Group Name:	State ID Number:
(212) 576-4809 ext. [Phone]	FEIN Number: 13-3044743	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$120.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$120.00	10/06/2008	22962260

SERFF Tracking Number:	NYPX-125846408	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/15/2008	10/15/2008

<i>SERFF Tracking Number:</i>	<i>NYPX-125846408</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance and Annuity Corporation</i>	<i>State Tracking Number:</i>	<i>40473</i>
<i>Company Tracking Number:</i>	<i>08100-2.1, ET AL.</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>CEUL-CEVUL Flat Extra &amp; Unisex DP Filing</i>		
<i>Project Name/Number:</i>	<i>CEUL-CEVUL Flat Extra &amp; Unisex DP Filing/08100-2.1, et al.</i>		

## Disposition

Disposition Date: 10/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYPX-125846408 State: Arkansas

Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 40473

Company Tracking Number: 08100-2.1, ET AL.

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: CEUL-CEVUL Flat Extra & Unisex DP Filing

Project Name/Number: CEUL-CEVUL Flat Extra & Unisex DP Filing/08100-2.1, et al.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Certification/Notice		Yes
Form	Policy Data Page 2.1		Yes
Form	Policy Data Page 2.2		Yes
Form	Policy Data Page 2.3		Yes
Form	Policy Data Page 2.1		Yes
Form	Policy Data Page 2.2		Yes
Form	Policy Data Page 2.3		Yes

SERFF Tracking Number: NYPX-125846408 State: Arkansas

Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 40473

Company Tracking Number: 08100-2.1, ET AL.

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: CEUL-CEVUL Flat Extra & Unisex DP Filing

Project Name/Number: CEUL-CEVUL Flat Extra & Unisex DP Filing/08100-2.1, et al.

## Form Schedule

Lead Form Number: 08100-2.1

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	08100-2.1	Data/DeclarPolicy Data Page 2.1 Revised ation Pages		Replaced Form #: 07100-2.1 Previous Filing #:	51	08100- 2_1.PDF
	07100-2.2	Data/DeclarPolicy Data Page 2.2 Initial ation Pages			51	07100- 2_2.PDF
	07100-2.3	Data/DeclarPolicy Data Page 2.3 Initial ation Pages			51	07100-2_3 .PDF
	0843-2.1	Data/DeclarPolicy Data Page 2.1 Revised ation Pages		Replaced Form #: 0743-2.1 Previous Filing #:	0	0843-2_1 .PDF
	0743-2.2	Data/DeclarPolicy Data Page 2.2 Initial ation Pages			0	0743- 2_2.PDF
	0743-2.3	Data/DeclarPolicy Data Page 2.3 Initial ation Pages			0	0743- 2_3.PDF

## POLICY CHARGES

### **MONTHLY DEDUCTION CHARGE:**

The Monthly Deduction Charge is a charge that is deducted from the Cash Value and consists of:

- A Monthly Contract Charge not to exceed \$11.00 per month.
- Monthly Cost of Insurance for the base policy calculated at a rate not to exceed amount on page 2.2.
- Monthly cost of any riders calculated at a rate not to exceed amount on page 2.2.

Monthly Deduction Day: [ 1]

Monthly Deduction Day will be the same day of each month as determined by the Policy Date.

### **PREMIUM EXPENSE CHARGE**

Premium Expense Charge is a charge that is deducted from all premiums and consists of:

#### **SALES EXPENSE CHARGE**

- Each premium payment is subject to a Sales Expense Charge as follows: (1) During the first Policy Year, a maximum 15.75% charge will apply to all premiums paid up to the Target Premium. Once the Target Premium for the year has been reached, a maximum 3% charge will apply to any additional premiums paid during that year. (2) During Policy Years 2-7, a maximum 11.75% charge will apply to all premiums paid up to the Target Premium. Once the Target Premium for the year has been reached, a maximum 3% charge will apply to any additional premiums paid during that year. (3) After the first 7 years, a maximum 5% charge will apply to all premiums paid up to the Target Premium. Once the Target Premium for the year has been reached, a maximum 3% charge will apply to any additional premiums paid during that year.

The Target Premium, as shown on Policy Data Page 2, is determined from the Initial Face Amount of the policy. Any change to the policy, which results in a change to the Face Amount, will change the Target Premium.

#### **STATE TAX CHARGE**

- State Tax Charge not to exceed 2% of each premium payment. This amount is subtracted from each premium payment. We reserve the right to change this percentage to conform to changes in the law.

#### **FEDERAL TAX CHARGE**

- Federal Tax Charge not to exceed 1.25% of each premium payment. This amount is subtracted from each premium payment. We reserve the right to change this percentage to conform to changes in the law.

### **OTHER CHARGES**

- Partial surrenders are subject to a processing charge of \$25.
- *[Additional Flat Extras per month: [\$0.10] per \$1,000 Net Amount at Risk and Term Insurance Benefit Amount]*
- *[Period of Additional Flat Extras: [3 Years]]*

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE  
RATES  
FOR BASE POLICY AND TERM RIDER  
(PER \$1,000)**

The rates shown below are based on the 2001 CSO Table of Mortality

AGE	UNISEX	AGE	UNISEX
18	.07	59	.73
19	.07	60	.79
20	.07	61	.88
21	.08	62	.98
22	.08	63	1.09
23	.08	64	1.21
24	.08	65	1.33
25	.08	66	1.46
26	.08	67	1.58
27	.09	68	1.72
28	.09	69	1.87
29	.09	70	2.03
30	.09	71	2.23
31	.09	72	2.47
32	.09	73	2.73
33	.09	74	3.00
34	.09	75	3.31
35	.10	76	3.64
36	.10	77	4.02
37	.11	78	4.46
38	.12	79	4.97
39	.12	80	5.52
40	.13	81	6.17
41	.14	82	6.86
42	.16	83	7.59
43	.17	84	8.40
44	.19	85	9.32
45	.21	86	10.29
46	.23	87	11.43
47	.25	88	12.65
48	.26	89	13.95
49	.28	90	15.25
50	.30	91	16.29
51	.33	92	17.52
52	.36	93	18.97
53	.40	94	20.66
54	.45	95	22.68
55	.50	96	24.63
56	.55	97	26.77
57	.61	98	27.90
58	.67	99	29.60



**TABLE OF PERCENTAGES FOR LIFE INSURANCE BENEFIT  
FOR COMPLIANCE WITH IRC SECTION 7702  
CASH VALUE ACCUMULATION TEST**

The rates shown below are based on the 2001 CSO Table of Mortality

<b>AGE</b>	<b>UNISEX</b>	<b>AGE</b>	<b>UNISEX</b>
18	8.64	59	1.93
19	8.36	60	1.88
20	8.09	61	1.83
21	7.82	62	1.79
22	7.57	63	1.74
23	7.32	64	1.70
24	7.08	65	1.66
25	6.85	66	1.62
26	6.62	67	1.59
27	6.40	68	1.55
28	6.19	69	1.52
29	5.98	70	1.48
30	5.78	71	1.45
31	5.59	72	1.42
32	5.40	73	1.40
33	5.21	74	1.37
34	5.04	75	1.35
35	4.86	76	1.32
36	4.70	77	1.30
37	4.54	78	1.28
38	4.38	79	1.26
39	4.23	80	1.24
40	4.09	81	1.23
41	3.95	82	1.21
42	3.82	83	1.20
43	3.69	84	1.18
44	3.57	85	1.17
45	3.45	86	1.16
46	3.34	87	1.15
47	3.23	88	1.14
48	3.13	89	1.12
49	3.03	90	1.11
50	2.93	91	1.10
51	2.84	92	1.08
52	2.75	93	1.06
53	2.66	94	1.04
54	2.58	95	1.93
55	2.50	96	1.88
56	2.09	97	1.83
57	2.04	98	1.79
58	1.98	99	1.74

## POLICY CHARGES

### **MONTHLY DEDUCTION CHARGE:**

The Monthly Deduction Charge is a charge that is deducted from the Cash Value and consists of:

- A Monthly Contract Charge not to exceed \$11.00 per month.
- Monthly Cost of Insurance for the base policy calculated at a rate not to exceed amount on page 2.2.
- Monthly cost of any riders calculated at a rate not to exceed amount on page 2.2.
- A Monthly Mortality and Expense Charge, not to exceed .90% on an annualized basis applied against the net asset value of the Separate Account.

Monthly Deduction Day: [ 1]

Monthly Deduction Day will be the same day of each month as determined by the Policy Date.

### **PREMIUM EXPENSE CHARGE**

Premium Expense Charge is a charge that is deducted from all premiums and consists of:

#### **SALES EXPENSE CHARGE**

- Each premium payment is subject to a Sales Expense Charge as follows: (1) During the first Policy Year, a maximum 15.75% charge will apply to all premiums paid, up to the Target Premium. Once the Target Premium for the year has been reached, a maximum 3% charge will apply to any additional premiums paid during that year. (2) During Policy Years 2-7, a maximum 11.75% charge will apply to all premiums paid up to the Target Premium. Once the Target Premium for the year has been reached, a maximum 3% charge will apply to any additional premiums paid during that year. (3) After the first 7 years, a maximum 5% charge will apply to all premiums paid up to the Target Premium. Once the Target Premium for the year has been reached, a maximum 3% charge will apply to any additional premiums paid during that year.

The Target Premium, as shown on Policy Data Page 2, is determined from the Initial Face Amount of the policy. Any change to the policy, which results in a change to the Face Amount, will change the Target Premium.

#### **STATE TAX CHARGE**

- State Tax Charge not to exceed 2% of each premium payment. This amount is subtracted from each premium payment. We reserve the right to change this percentage to conform to changes in the law.

#### **FEDERAL TAX CHARGE**

- Federal Tax Charge not to exceed 1.25% of each premium payment. This amount is subtracted from each premium payment. We reserve the right to change this percentage to conform to changes in the law.

### **OTHER CHARGES**

- We reserve the right to apply a processing charge of \$25 for any partial surrender.
- We reserve the right to apply a charge, not to exceed \$30, for each transfer after the first 12 in a Policy Year.
- We reserve the right to make a charge for separate account federal income tax liabilities, if law should change to require taxation of separate accounts.
- *[Additional Flat Extras per month:    [\$0.10] per \$1,000 Net Amount at Risk and Term Insurance Benefit Amount]*
- *[Period of Additional Flat Extras:    [3 Years]]*

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE  
RATES  
FOR BASE POLICY AND TERM RIDER  
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The rates shown below are based on the 2001 CSO Table of Mortality

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27	.09	68	1.72
28	.09	69	1.87
29	.09	70	2.03
30	.09	71	2.23
31	.09	72	2.47
32	.09	73	2.73
33	.09	74	3.00
34	.09	75	3.31
35	.10	76	3.64
36	.10	77	4.02
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52	.36	93	18.97
53	.40	94	20.66
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55	.50	96	24.63
56	.55	97	26.77
57	.61	98	27.90
58	.67	99	29.60

**TABLE OF PERCENTAGES FOR LIFE INSURANCE BENEFIT  
FOR COMPLIANCE WITH IRC SECTION 7702  
CASH VALUE ACCUMULATION TEST**

The rates shown below are based on the 2001 CSO Table of Mortality

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18	8.64	59	1.93
19	8.36	60	1.88
20	8.09	61	1.83
21	7.82	62	1.79
22	7.57	63	1.74
23	7.32	64	1.70
24	7.08	65	1.66
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42	3.82	83	1.20
43	3.69	84	1.18
44	3.57	85	1.17
45	3.45	86	1.16
46	3.34	87	1.15
47	3.23	88	1.14
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52	2.75	93	1.06
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56	2.09	97	1.83
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<i>SERFF Tracking Number:</i>	<i>NYPX-125846408</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance and Annuity Corporation</i>	<i>State Tracking Number:</i>	<i>40473</i>
<i>Company Tracking Number:</i>	<i>08100-2.1, ET AL.</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>CEUL-CEVUL Flat Extra &amp; Unisex DP Filing</i>		
<i>Project Name/Number:</i>	<i>CEUL-CEVUL Flat Extra &amp; Unisex DP Filing/08100-2.1, et al.</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NYPX-125846408 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 40473  
Company Tracking Number: 08100-2.1, ET AL.  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: CEUL-CEVUL Flat Extra & Unisex DP Filing  
Project Name/Number: CEUL-CEVUL Flat Extra & Unisex DP Filing/08100-2.1, et al.

## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Cover Letter **10/06/2008**  
**Comments:**  
**Attachment:**  
Cover Letter.PDF

**Review Status:**

**Satisfied -Name:** Certification/Notice **10/06/2008**  
**Comments:**  
**Attachment:**  
Cetification of Compliance.PDF

October 2, 2008

Hon. Julie Benafield Bowman  
Insurance Commissioner  
Arkansas Insurance Department  
Division of Compliance  
Life and Health  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: New York Life Insurance and Annuity Corporation  
NAIC #: 82691596  
Forms: 08100-2.1, 07100-2.2, 07100-2.3  
0843-2.1 0743-2.2, 0743-2.3

Dear Commissioner:

We are enclosing for your Department's approval two revised data pages 2.1, which will replace the data pages for the two policy forms listed in Appendix A and four new unisex data pages 2.2 and 2.3 for the two policy forms listed in Appendix A, which will not replace any form approved by your Department.

Data Page 2.1 is being revised to correctly display that the flat extra, if any, is a per thousand charge of the net amount of risk and the term insurance benefit if the previously approved Supplementary Term Rider 307-979 (approved on 9/17/2007) is included.

Data Pages 2.2 and 2.3 are being included, because in the original submission letters for the universal life and variable life policy forms listed in Appendix A, we failed to mention that these products could also be unisex issued. Therefore, we are including a copy of the *Table of Maximum Cost of Insurance Unisex Rates* and the unisex *Table of Percentages For Life Insurance Benefit For Compliance With IRC Section 7702 Cash Value Accumulation Test* that will be generated for those situations.

The revised actuarial memorandums are also enclosed.

I hope that this information is satisfactory and that we can receive your Department's approval of this submission as soon as possible.

If you have any questions, please feel free to contact Diana Moody at 1-888-695-4748 ext. 4064 or via email at [dmoody@newyorklife.com](mailto:dmoody@newyorklife.com).

Sincerely,



Linda E. LoPinto  
Corporate Vice President  
Individual Life Department  
Encl.

## APPENDIX A

### DATA PAGE 2.1 POLICY FORM

<u>APPROVAL DATE</u>	<u>PREVIOUS DATA PAGE</u>	<u>NEW DATA PAGE</u>
307-100	07100-2.1	08100-2.1
307-43	0743-2.1	0843-2.1

### DATA PAGE 2.2 POLICY FORM

<u>NEW DATA PAGE</u>
307-100
307-43

07100-2.2  
0743-2.2

### DATA PAGE 2.3 POLICY FORM

<u>NEW DATA PAGE</u>
307-100
307-43

07100-2.3  
0743-2.3

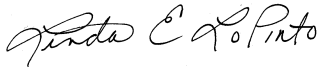


## **Certificate of Compliance with Arkansas Rule and Regulation 49**

Insurer: **New York Life Insurance and Annuity Corporation**

Form Number(s): 08100-2.1  
07100-2.2  
07100-2.3  
0843-2.1  
0743-2.2  
0743-2.3

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 49.



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Signature of Company Officer

Linda E. LoPinto

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Name

Corporate Vice President

---

Title

**8/07/2008**

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Date